

Generating political priority for global surgical care

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Abstract

Background Despite the high burden of surgical conditions, the provision of surgical services historically has been a low global health priority. Drawing on social science scholarship concerning how issues come to attract attention, we examined factors that have shaped political priority for global surgical care.

Methods We drew on a published public policy framework that consists of four categories: (1) actor power, (2) issue framing, (3) the contexts within which actors operate, and (4) characteristics of the issue itself. We triangulated between several sources of data, including 30 semi-structured interviews with members of global surgical networks and Ministries of Health in low-income countries, published scholarly literature, and reports from organisations involved in surgery provision and advocacy.

Findings Although surgical care has the potential to gain political priority, several factors hinder the acquisition of attention and resources. First, with respect to actor power, there is no policy community cohesion, unifying political entrepreneur, or mobilisation of civil society to champion the cause. The surgery community is fragmented and primarily composed of a small number of surgeons and anaesthesiologists concerned with the state of surgical care in low-income countries who have yet to collectively define their objectives and propose specific courses of action. Second, concerning framing, difficulties exist surrounding problem definition and positioning of surgical care, both internally among the surgical community and externally with political stakeholders. For example, an absence of consensus exists concerning what constitutes so-called essential surgery, and even whether that term should be used. Third, with respect to context, the community has made insufficient efforts to capitalise on political opportunities such as the Millennium Development Goals. Finally, concerning characteristics of the issue, there are few data to capture the burden of surgical diseases, which are needed to convince political leaders that surgery provision is a crucial, unmet need.

Interpretation To advance global priority for surgery, proponents will need to surmount three challenges: (1) a weak governance structure that impedes achievement of collective goals; (2) disagreement on solutions; and (3) the absence of an effective public positioning of the issue. These findings have broad implications for understanding why some global health issues come to attract priority, while others remain neglected.

Funding None.

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Contributors

YRS did the interviews, lead analysis, provided input on the Abstract, and drafted the paper. JS wrote the Abstract, contributed to analysis, and provided input on the paper draft. DS provided input for the Abstract, helped coordinate interviews, and provided input on the paper draft. All authors have seen and approved the final version of the Abstract for publication.

Declaration of interests

We declare that we have no competing interests.

Published Online
May 10, 2014

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